

Nationwide Life Insurance Company Commonwealth of Kentucky

Employee Group Life Insurance Program **Group Insurance Contract: BE 0002** Home Office: Columbus, Ohio

Annual Salary	Address (Street Name/Number) Annual Salary Hire Date Gender	□ Other
Annual Salary	Address (Street Name/Number) Annual Salary Work Number Home Number	□ Other
City, County, State, Zip)	City, County, State, Zip Work Number	□ Other
City, County, State, Zip)	City, County, State, Zip) Work Number Home Number	□ Other
□ Termination: Date Employment Ends □ Date Life Insurance Terminates □ Other □ Retired □ LWOP □ Death □ Military Leave □ Other □ Renatiate Coverage: Date Returned to Work □ Date Insurance Effective □ Plan □ Military Leave □ Other □ Transfer (To be completed by the NEW company) Transfer or Summer Transfer (To be completed by the NEW company) Torior Company Number ast Day Worked at Prior Company □ Date Hired at New Company Number ast Day Worked at Prior Company □ Date Hired at New Company Number ast Day Worked at Prior Company □ Date Hired at New Company Number ast Day Worked at Prior Company □ Date Hired at New Company Number ast Day Worked at Prior Company □ Date Hired at New Company □ Date Hired at New Company Number ast Day Worked at Prior Company □ Date Hired at New Company □ Date Date Date Date Date Date Date Date	□ Termination: Date Employment Ends □ Retired □ LWOP □ Death □ Military Leave □ Reason: □ Rehired □ FMLA □ LWOP □ Death □ Military Leave □ Rehired □ FMLA □ LWOP □ Death □ Military Leave □ Tensfer or Summer Transfer (To be completed by the NEW company) Prior Company Number □ New Company Number □ Date Hired at New Company □ Plan □ D □ Plan □ D □ Plan □ D □ Plan □	□ Other
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Within thirty-five (35) days from their date of hire, new employees may enroll in group life insurance online by using the KHRIS Employee Self Service Center (ESS).

Instructions

- Print all information using black or blue ink (if submitting a paper form.)
- · Complete location name and number.
- Annual earnings are required when selecting Optional Plan 5 or 6.
- Select only one plan for Optional Term Life coverage.
- Select only one plan for Dependent Term Life coverage.
- Employee must provide evidence of insurability for coverage over \$150,000. This must be approved by the insurance carrier before coverage can be initiated.
- Spouse is defined as a person to whom you are legally married.
- Child 18 or older can remain covered providing the child is a full-time student and relying on the employee for financial support.
- Employee signature and date is required (if submitting a paper form.)
- Insurance Coordinator should verify all information in ESS, or sign and date form.
- Description of Qualifying Event should be completed by the Insurance Coordinator. For example: Marriage only.
- Date of Qualifying Event should be listed as the last day employee worked or official date of termination, not when coverage will end.

For Board of Education employees with salary based plans, the new contract year salary will be effective 11/1 of each year. For Health Department and Quasi agency employees with salary based plans, please verify that your HR Administrator is maintaining your current salary.

Premium rates are effective as of January 1, 2015. Rates may change as the insured enters a higher age category or if the plan experience requires a change for all insured.